

Continuance Request (BOR)

Dated:

Claimant ID/SSN:

Docket No:

A hearing on the above reference BOR Docket Number is scheduled before the Board of Review on _____, at _____.

The (Check One) (☐ Claimant ☐ Employer) hereby requests that this matter be continued to another date and time certain.

The reason for this Continuance Request is:

Note: If necessary, you may write on the back of this form and/or add extra pages in order to complete your explanation.

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

Board of Review
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